

Bethalto Community Unit School District #8
610 Texas Blvd.
Bethalto, IL 62010
618-377-7200

Substitute Nurse Application

Date: _____

First Name	Middle (Required)	Last Name
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Street Address	City or Town	State & Zip Code
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Phone Number _____ Social Security Number _____

List previous employment:	Dates:	Job Title/Position
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Schools attended with city and state:	Years Attended:
High School: _____	_____

College: _____	_____
_____	_____
_____	_____

Please list at least three employment references including address and phone number:

1. _____
2. _____
3. _____

Please list any specialized training, experience, or special certifications you have:

Please Note: Before your name is placed on the substitute nursing list, the following **MUST** be on file in the Unit Administrative Office.

1. A copy of current Illinois Nursing License
2. A copy of current CPR card.
3. A transcript from the college(s) or university(s) that awarded your degree.
3. Current physical and TB skin test done within the past 90 days.
4. Fingerprint background check.
5. Completion of application and substitute packet.

After your substitute nursing file is complete, your name will be placed on the substitute nursing list and made available to the schools for notification when your nursing services are needed. Please indicate if there are any days that you know that you will not be available.

Signature _____ Date _____